



OFFICE OF  
COMMISSIONER OF INSURANCE

JOHN W. OXENDINE  
COMMISSIONER OF INSURANCE  
SAFETY FIRE COMMISSIONER  
INDUSTRIAL LOAN COMMISSIONER  
COMPTROLLER GENERAL

INDUSTRIAL LOAN DIVISION  
SUITE 920, WEST TOWER  
MARTIN LUTHER KING, JR., DR.  
ATLANTA, GEORGIA 30334  
(404) 656-2078 FAX (404) 657-6931

For Office Use  
Only:  
Complaint \_\_\_\_\_  
Inquiry \_\_\_\_\_  
Date Rec'd \_\_\_\_\_

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: Home: ( ) \_\_\_\_\_

Work: ( ) \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone : ( ) \_\_\_\_\_

Who did you deal with:  
\_\_\_\_\_

Is an attorney handling your complaint: Yes \_\_\_\_ No \_\_\_\_ , If yes, give name, address, and phone number:  
\_\_\_\_\_

Have you complained to any other agency or magistrate office? Who? When?  
\_\_\_\_\_

PLEASE ATTACH TWO COPIES OF CONTRACTS, RECEIPTS, WARRANTIES, CHECKS, BILL OF SALE, ETC.

Please provide a complete explanation of your complaint (including dates): Use another page if needed.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Date complained to company: \_\_\_\_\_ Response:  
\_\_\_\_\_  
\_\_\_\_\_

What do you want the business to do?  
\_\_\_\_\_  
\_\_\_\_\_

If you are an individual with a disability and wish to acquire this publication in an alternative format, please contact the ADA Coordinator, Industrial Loan Division, Office of Commissioner of Insurance, No. 2 Martin Luther King, Jr. Drive, Atlanta, Georgia 30334 (404) 656-2056, TDD # (404) 656-4031.